

GUIDE TO TAXI STAND LICENSES

Pursuant to Section 13-3 of the Somerville Code of Ordinances, a license must be obtained before operating a taxi stand. Licensure is valid from the date of the license through April 30 of the following year only. The fee is \$50.00 per taxi at the stand.

To complete the application:

1. Fill in and sign the Application for a Taxi Stand License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. For *new* or *expanded* taxi stands only, contact the following departments to arrange a sign-off:

Police Department Taxi Bureau
220 Washington Street
617 625-6600 x7245

Traffic and Parking Department
133 Holland Street
617 625-6600 x7900
3. For all taxi stands, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
4. For all taxi stands, submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

TAXI STAND APPLICATION

Application Fee \$50.00 per taxi

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen issue a license for the taxi stand listed below. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Location _____

Number of taxicabs _____

Name of Taxi Company _____

Name of Applicant _____ Phone _____

Address (Include Zip Code) _____

Signed under the pains and penalties of perjury this _____ day of _____, 20____,

Signature of Applicant _____

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: _____ Approved _____ Denied

Signature _____ Date _____

Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: _____ Approved _____ Denied

Signature _____ Date _____

Print name _____ Title _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ I am an employer with _____ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: _____ phone #: _____ ☐ Selectmen's Office

(revised Sept. 2003) ☐ Health Department
☐ Other _____